

(Official Form 1) (12/03)

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>																
Name of Debtor (if individual, enter Last, First, Middle): <b>AF Company Contractors</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <b>DBA AF Plumbing Company</b>			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>36-4111049</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):																	
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>4233 North Melvina Avenue</b> <b>Chicago, IL 60634</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																	
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business:																	
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																				
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																				
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																				
<b>Type of Debtor</b> (Check all boxes that apply) <input type="checkbox"/> Individual(s) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																	
<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																				
<b>Statistical/Administrative Information</b> (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY															
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-15</td> <td>16-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1-15	16-49	50-99	100-199	200-999		1000-over														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>														
Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Estimated Debts <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 21 AF Company Contractors		FORM B1, Page 2	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)					
Location Where Filed: <b>- None -</b>		Case Number:		Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)					
Name of Debtor: <b>- None -</b>		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
<b>Signatures</b>					
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
<b>X</b> _____ Signature of Debtor			<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
<b>X</b> _____ Signature of Joint Debtor			<b>X</b> _____ Signature of Attorney for Debtor(s)      Date		
_____ Telephone Number (If not represented by attorney)			<b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
_____ Date			<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.		
<b>Signature of Attorney</b> <b>X</b> <u>/s/ Gina B. Krol</u> Signature of Attorney for Debtor(s) <b>Gina B. Krol 6187642</b> Printed Name of Attorney for Debtor(s) <b>COHEN &amp; KROL</b> Firm Name <b>105 West Madison Street</b> <b>Suite 1100</b> <b>Chicago, IL 60602</b> Address <b>312-368-0300 Fax: 312-368-4559</b> Telephone Number <b>September 26, 2005</b> Date			_____ Printed Name of Bankruptcy Petition Preparer  _____ Social Security Number (Required by 11 U.S.C. § 110(c).)  _____ Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>X</b> _____ Signature of Bankruptcy Petition Preparer  _____ Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		
<b>X</b> <u>/s/ Anthony Limonciello</u> Signature of Authorized Individual <b>Anthony Limonciello</b> Printed Name of Authorized Individual <b>President</b> Title of Authorized Individual <b>September 26, 2005</b> Date					

Form B6D  
(12/03)

In re **AF Company Contractors**, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N I F A N Y
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							<b>0.00</b>	

0 continuation sheets attached

In re AF Company Contractors

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☒ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B6E - Cont.  
(04/05)

In re AF Company Contractors, Debtor Case No. \_\_\_\_\_

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R E R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No. <b>05 C 0232</b>								
<b>Laborer's Union Pension &amp; Welfare</b> <b>11465 Cermak Road</b> <b>Westchester, IL 60154</b>		-					<b>2,623.68</b>	<b>2,623.68</b>
Account No.								
Account No.								
Account No.								
Account No.								

Sheet 1 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page) **2,623.68**

Form B6E - Cont.  
(04/05)

In re AF Company Contractors, Debtor Case No. \_\_\_\_\_

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

### Contributions to employee benefit plans

#### TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					
Account No. <b>05 C 4604</b>			<b>pending action</b>				<b>186,268.85</b>	<b>186,268.85</b>
<b>Local 130 Lewis Overbeck &amp; Furman LLP 135 South LaSalle Stree Suite 2300 Chicago, IL 60603</b>		-						
Account No.								
Account No.								
Account No.								
Account No.								

Sheet 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**186,268.85**

Total  
(Report on Summary of Schedules)

**188,892.53**

Form B6F  
(12/03)

In re **AF Company Contractors** Case No. \_\_\_\_\_  
Debtor

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1014</b>  <b>A&amp;A Equipment &amp; Supply Co</b> <b>196 West Devon Avenue</b> <b>Bensenville, IL 60106</b>	-	<b>AF Plumbing Co.</b>				<b>13,000.00</b>
Account No.  <b>American Family Insurance Company</b> <b>Credit Collection Services</b> <b>2 Wells Avenue Suite 1</b> <b>Newton Center, MA 02459</b>	-	<b>AF Plumbing Co.</b> <b>03 001872058</b> <b>03 001756964</b>				<b>25,213.00</b>
Account No. <b>100725</b>  <b>Amerisafe Inc</b> <b>c/o Caine &amp; Weiner</b> <b>1100 East Woodfield Road #425</b> <b>Schaumburg, IL 60173</b>	-	<b>AF Plumbing Co.</b>				<b>396.31</b>
Account No.  <b>Anthony &amp; Annette Limoncello</b> <b>4233 North Melvina Avenue</b> <b>Chicago, IL 60634</b>	-					<b>30,118.32</b>
Subtotal (Total of this page)						<b>68,727.63</b>

6 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re AF Company Contractors, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>130361</b>  <b>Auburn Supply Co</b> <b>Teller Levit &amp; Silvertrust PC</b> <b>11 East Adams Street</b> <b>Chicago, IL 60603</b>	-	<b>AF Plumbing Co.</b>				<b>15,078.98</b>
Account No. <b>437601</b>  <b>Barnett</b> <b>P.O. Box 2317</b> <b>Jacksonville, FL 32203</b>	-					<b>411.77</b>
Account No. <b>1003</b>  <b>Beverly Materials, LLC</b> <b>1100 Brandt Drive</b> <b>Elgin, IL 60120-1600</b>	-	<b>AF Plumbing Co.</b>				<b>767.02</b>
Account No.  <b>Bond Safegaurd Insurance Co</b> <b>1919 South Highland Ave Bldg A #300</b> <b>Lombard, IL 60148</b>	-	<b>AF Plumbing Co.</b>				<b>30,000.00</b>
Account No. <b>AFCO</b>  <b>Catalano Caboor &amp; Co</b> <b>1 South 376 Summit Ct A</b> <b>Oak Brook, IL 60181</b>	-					<b>39,130.00</b>
Sheet no. <u>1</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>85,387.77</b>
Subtotal (Total of this page)						<b>85,387.77</b>



Form B6F - Cont.  
(12/03)

In re AF Company Contractors, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
City of Chicago Department of Revenue P.O. Box 88292 Chicago, IL 60680-1292	-						Unknown
Account No. 603518-55035-00477							
CNH Capital Dept Ch 10460 Palatine, IL 60055-0460	-						4,104.93
Account No. 04 M1 182188			AF Plumbing Co.				
Crawford Supply Co Fuchs & Roselli, LTD 440 West Randolph Street Suite 500 Chicago, IL 60606	-						9,000.00
Account No. 326504			AF Plumbing Co.				
Datacom Marketing 1 Chestnut Street Suite 91 Nashua, NH 03060	-						499.00
Account No. 03-06-114			AF Plumbing Co.				
Diamond Coring Co c/o Chitkowski Law Offices 801 Warrenville Road #620 Lisle, IL 60532	-						3,349.95
Sheet no. <u>2</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							16,953.88

Form B6F - Cont.  
(12/03)

In re AF Company Contractors, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>AFCO</b>						
<b>Efficient Insulation</b> <b>10215 Franklin Avenue</b> <b>Franklin Park, IL 60131</b>	-					<b>1,600.00</b>
Account No. <b>8-3X18047-06</b>						
<b>EMC Insurance Companies</b> <b>P.O. Box 5001</b> <b>Villa Park, IL 60181</b>	-					<b>16,304.21</b>
Account No. <b>2005 M1 601582</b>		<b>pending action</b>				
<b>Financial Management Services, Inc</b> <b>Grochocinski Grochocinski &amp; Lloyd</b> <b>1900 Ravina Place</b> <b>Orland Park, IL 60462</b>	-					<b>256,212.73</b>
Account No.						
<b>Fred &amp; Barbara Altamore</b> <b>3035 Maple Street</b> <b>Franklin Park, IL 60131</b>	-					<b>100,783.43</b>
Account No. <b>217307040 - N</b>		<b>AF Plumbing Co.</b>				
<b>General Casualty Insurance Co</b> <b>Dun &amp; Bradstreet Receivables</b> <b>55 Shurman Road</b> <b>Naperville, IL 60566-7099</b>	-					<b>5,000.00</b>
Sheet no. <u>3</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>379,900.37</b>
Subtotal (Total of this page)						

Form B6F - Cont.  
(12/03)

In re AF Company Contractors, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>6035322003609124</b>			<b>AF Plumbing Co.</b>				<b>5,300.00</b>
<b>Home Depot Credit Services, Inc</b> <b>P.O. Box 6029</b> <b>The Lakes, NV 88901-6029</b>	-						
Account No. <b>AF Co</b>							<b>9,233.15</b>
<b>Kieft Brothers, Inc</b> <b>837 South Riverside Drive</b> <b>Elmhurst, IL 60126</b>	-						
Account No. <b>144290</b>							<b>1,890.00</b>
<b>Litgen Concrete Co</b> <b>1020 Nerge Road</b> <b>Elk Grove Village, IL 60007</b>	-						
Account No. <b>SW7449</b>							<b>677.55</b>
<b>Material Systems Inc</b> <b>P.O. Box 2677</b> <b>Naperville, IL 60567</b>	-						
Account No. <b>835300513</b>							<b>Unknown</b>
<b>Nextel Communication</b> <b>P.O. Box 17990</b> <b>Denver, CO 80217-0990</b>	-						
Sheet no. <u>4</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				<b>17,100.70</b>

Form B6F - Cont.  
(12/03)

In re AF Company Contractors, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C						
Account No. 81108		-		AF Plumbing Co. secured on third parties home				56,500.00
Parkway Bank & Trust Co Attention: Guy D'Oronzo 4800 North Harlem Avenue Harwood Heights, IL 60706								
Account No. GL 2003 02208		-						985.00
People's Gas 130 East Randolph Drive Chicago, IL 60601-6207								
Account No. 16396682862		-						800.00
Purchase Power P.O. Box 856042 Louisville, KY 40285-6042								
Account No. 500205067		-						1,007.37
RH Donnelley Co P.O. Box 807008 Kansas City, MO 64180								
Account No. 773.777.8147		-						600.00
SBC Bill Payment Center Saginaw, MI 48663-0003								
Sheet no. 5 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)			59,892.37

Form B6F - Cont.  
(12/03)

In re AF Company Contractors, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>AFCO1</b>			<b>AF Plumbing Co.</b>				<b>45,685.00</b>
<b>Sterling Supply Co Inc</b> <b>4900 Lincoln Avenue Rt 53</b> <b>Lisle, IL 60532-2197</b>		-					
Account No. <b>101529</b>							<b>1,238.20</b>
<b>Symons Cora</b> <b>200 East Touhy Avenue</b> <b>Des Plaines, IL 60018</b>		-					
Account No. <b>133701</b>			<b>AF Plumbing Co.</b>				<b>1,201.17</b>
<b>Time Savers, Inc</b> <b>Teller Levit &amp; Silvertrust PC</b> <b>11 East Adams Street</b> <b>Chicago, IL 60603</b>		-					
Account No.			<b>AF Plumbing Co.</b>				<b>9,887.37</b>
<b>Vollmar Clay Products Co</b> <b>5835 West Touhy Avenue</b> <b>Chicago, IL 60646</b>		-					
Account No.							
Sheet no. <u>6</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page)
							<b>58,011.74</b>
(Report on Summary of Schedules)							<b>Total</b> <b>685,974.46</b>

Document Page 14 of 21  
**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **AF Company Contractors**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u><b>2,500.00</b></u>
Prior to the filing of this statement I have received.....	\$	<u><b>2,500.00</b></u>
Balance Due.....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 26, 2005****/s/ Gina B. Krol****Gina B. Krol 6187642****COHEN & KROL****105 West Madison Street****Suite 1100****Chicago, IL 60602****312-368-0300 Fax: 312-368-4559**

**United States Bankruptcy Court  
Northern District of Illinois**

In re **AF Company Contractors**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **45**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **September 26, 2005**

**/s/ Anthony Limonciello**

**Anthony Limonciello/President**

Signer/Title

A&A Equipment & Supply Co  
196 West Devon Avenue  
Bensenville, IL 60106

American Family Insurance Company  
Credit Collection Services  
2 Wells Avenue Suite 1  
Newton Center, MA 02459

Amerisafe Inc  
c/o Caine & Weiner  
1100 East Woodfield Road #425  
Schaumburg, IL 60173

Anthony & Annette Limoncello  
4233 North Melvina Avenue  
Chicago, IL 60634

Auburn Supply Co  
Teller Levit & Silvertrust PC  
11 East Adams Street  
Chicago, IL 60603

Barnett  
P.O. Box 2317  
Jacksonville, FL 32203

Beverly Materials, LLC  
1100 Brandt Drive  
Elgin, IL 60120-1600

Bond Safegaurd Insurance Co  
1919 South Highland Ave Bldg A #300  
Lombard, IL 60148

Bond Safeguard Insurance Co  
TJ Adams Group-R. Jacobson  
333 East E. Butterfield Road 5th Fl  
Lombard, IL 60148-5641

Catalano Caboor & Co  
1 South 376 Summit Ct A  
Oak Brook, IL 60181



City of Chicago  
Department of Revenue  
P.O. Box 88292  
Chicago, IL 60680-1292

City of Chicago  
c/o Department of Transportation  
121 North LaSalle Room #802  
Chicago, IL 60602

City of Chicago  
Linebarger Goggan Blair & Sampson L  
P.O. Box 06152  
Chicago, IL 60606-0152

City of Chicago  
Goldman & Grant  
134 North LaSalle Street #1717  
Chicago, IL 60602

City of Chicago  
Baker Miller Markoff Krasny LLC  
11 South LaSalle Street 19th Floor  
Chicago, IL 60603-1203

City of Chicago Dept of Admin Hear.  
Heller & Frisone LTD  
33 North LaSalle Street #1200  
Chicago, IL 60602

CNH Capital  
Dept Ch 10460  
Palatine, IL 60055-0460

Crawford Supply Co  
Fuchs & Roselli, LTD  
440 West Randolph Street Suite 500  
Chicago, IL 60606

Datacom Marketing  
1 Chestnut Street Suite 91  
Nashua, NH 03060

Diamond Coring Co  
c/o Chitkowski Law Offices  
801 Warrenville Road #620  
Lisle, IL 60532

Efficient Insulation  
10215 Franklin Avenue  
Franklin Park, IL 60131

EMC Insurance Companies  
P.O. Box 5001  
Villa Park, IL 60181

Financial Management  
SG Supply  
12900 South Throop Street  
Calumet Park, IL 60827

Financial Management Services, Inc  
Grochocinski Grochocinski & Lloyd  
1900 Ravina Place  
Orland Park, IL 60462

Fred & Barbara Altamore  
3035 Maple Street  
Franklin Park, IL 60131

General Casualty Insurance Co  
Dun & Bradstreet Receivables  
55 Shurman Road  
Naperville, IL 60566-7099

Home Depot Credit Services, Inc  
P.O. Box 6029  
The Lakes, NV 88901-6029

Kieft Brothers, Inc  
837 South Riverside Drive  
Elmhurst, IL 60126

Labnorers Pension Fund  
53 West Jackson Blvd #550  
Chicago, IL 60604-3607

Laborer's Union Pension & Welfare  
11465 Cermak Road  
Westchester, IL 60154

Litgen Concrete Co  
1020 Nerge Road  
Elk Grove Village, IL 60007

Local 130  
Lewis Overbeck & Furman LLP  
135 South LaSalle Stree Suite 2300  
Chicago, IL 60603

Local 130  
1340 West Washington Blvd  
Chicago, IL 60607-1936

Material Systems Inc  
P.O. Box 2677  
Naperville, IL 60567

Nextel Communication  
P.O. Box 17990  
Denver, CO 80217-0990

Parkway Bank & Trust Co  
Attention: Guy D'Oronzo  
4800 North Harlem Avenue  
Harwood Heights, IL 60706

People's Gas  
130 East Randolph Drive  
Chicago, IL 60601-6207

Peoples Gas  
Sanchez & Daniels  
333 West Wacker Drive #500  
Chicago, IL 60602

Purchase Power  
P.O. Box 856042  
Louisville, KY 40285-6042

RH Donnelley Co  
P.O. Box 807008  
Kansas City, MO 64180

SBC  
Bill Payment Center  
Saginaw, MI 48663-0003

Sterling Supply Co Inc  
4900 Lincoln Avenue Rt 53  
Lisle, IL 60532-2197

Symons Cora  
200 East Touhy Avenue  
Des Plaines, IL 60018

Time Savers, Inc  
Teller Levit & Silvertrust PC  
11 East Adams Street  
Chicago, IL 60603

Vollmar Clay Products Co  
5835 West Touhy Avenue  
Chicago, IL 60646

**United States Bankruptcy Court  
Northern District of Illinois**

In re **AF Company Contractors**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **AF Company Contractors** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**September 26, 2005**

Date

**/s/ Gina B. Krol**

**Gina B. Krol 6187642**

Signature of Attorney or Litigant

Counsel for **AF Company Contractors**

**COHEN & KROL**

**105 West Madison Street**

**Suite 1100**

**Chicago, IL 60602**

**312-368-0300 Fax:312-368-4559**